

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587464

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1		1	
3	1			1		1	
4	1			1		1	
5	1			1		1	
6	1			1		1	
7	1			1		1	
8	1			1		1	
9	1			1		1	
10	1			1		1	
11	1			1		1	
12	1			1		1	
13	1			1		1	
14	1			1		1	
15	1			1		1	
16	1			1		1	
17	2			1		1	
18	1			1		1	
19	1			1		1	
20	1			1		1	
21	1			1		1	
22				1		1	
23				1		1	
24				1		1	
25				1		1	
26				1		1	
27				1		1	
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49							
50							
TOTAL IND.	3		3		3		
TOTAL DEP.	19	←	26	←	26	←	
TOTAL CLAIMS	22		29		29		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							